PTO/SB/17 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/976,818 oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number October 12, 2001 APR 2 5 2005 TRANSMIT Filing Date Hironari.KOBAYASHI First Named Inventor For FY 2005 Examiner Name Gautam Sain Applicant claims small entity status. See 37 CFR 1.27 2176 Art Unit 393032028600 TOTAL AMOUNT OF PAYMENT 520.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Morrison & Foerster LLP x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 200 100 100 50 130 Design 65 Plant 200 100 300 150 160 80 600 Reissue 300 150 500 250 300 100 Provisional 200 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims Extra Claims** 0 Fee Paid (\$) Fee (\$) Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) 200 400.00 2 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 48,231 Telephone (213) 892-5630 (Attorney/Agent) Name (Print/Type) Date Mehran Arjomand April 22, 2005

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** 393032028600 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Aplication Number 09/976.818 Filed October 12, 2001 AUDIO DATA RECORDING/REPRODUCING APPARATUS AND METHOD Art Unit 2176 Examiner Gautam Sain This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 \$225 Two months (37 CFR 1.17(a)(2)) \$450 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to I have enclosed a duplicate copy of this sheet. Fee Deposit Account Number Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 April 22, 2005 Signature Date Mehran Arjomand (213) 892-5630 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted. 04/26/2005 HMARZI1 00000018 031952 09976818 01 FC:1251 120.00 DA I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in

an envelope addressed to: MS Amendment, Opmmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 22, 2005

Signature:

(Mehran Arjomand)